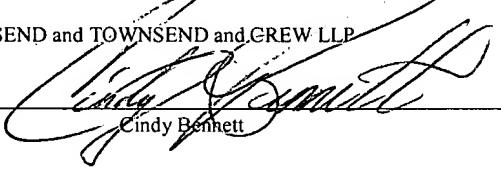


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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On December 17, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: 

Cindy Bennett

**PATENT**  
Attorney Docket No.: 017887-004900US  
Client Reference No.: SpamGuard  
*[Handwritten signature]*

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Brian R. Woods et al.

Application No.: 09/645,645

Filed: August 24, 2000

For: PROCESSING OF UNSOLICITED  
BULK ELECTRONIC MAIL

Confirmation No. 3346

Examiner: Barqadle, Yasin M.

Art Unit: 2153

### SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. U.S. patents are not enclosed in accordance with the Patent Office waiver issued August 5, 2003 in the Official Gazette, which states as follows:

The Office hereby waives the requirement under 37 CFR 1.98(a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 and for all international applications that have entered the national stage under 35 USC 371 after June 30, 2003. See 37 CFR 1.491(b).

It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

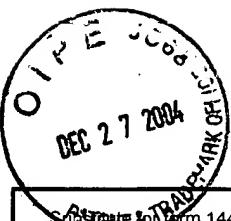
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

Thomas D. Franklin  
Reg. No. 43,616

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 303-571-4000  
Fax: 303-571-4321  
TDF:cmb

60380587 v1



Information Disclosure Statement by Applicant (use as many sheets as necessary)				<b>Complete if Known</b>	
Application Number	09/645,645				
Filing Date	August 24, 2000				
First Named Inventor	Woods, Brian R.				
Art Unit	2153				
Examiner Name	Barqadle, Yasin M.				
Sheet	1	of	1	Attorney Docket Number	017887-004900US

<b>U.S. PATENT DOCUMENTS+</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
AA	US-6,321,267 B1		11-20-2001	Donaldson	
AB	US-6,460,050 B1		10-01-2002	Pace et al.	
AC	US-				
AD	US-				
AE	US-				
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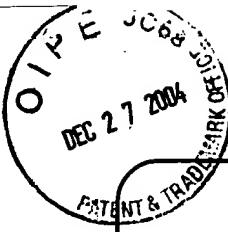
<b>FOREIGN PATENT DOCUMENTS</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
AK					<input type="checkbox"/>
AL					<input type="checkbox"/>
AM					<input type="checkbox"/>
AN					<input type="checkbox"/>
AO					<input type="checkbox"/>

<b>NON PATENT LITERATURE DOCUMENTS</b>					
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>
	AP				
	AQ				
	AR				
	AS				
	AT				

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.



# TRANSMITTAL FORM

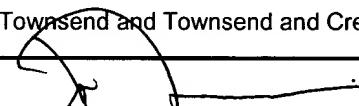
(to be used for all correspondence after initial filing)

		Application Number	09/645,645
		Filing Date	August 24, 2000
		First Named Inventor	Woods, Brian R.
		Art Unit	2171
		Examiner Name	Barqadle, Yasin M.
Total Number of Pages in This Submission	5	Attorney Docket Number	017887-004900US

## ENCLOSURES (Check all that apply)

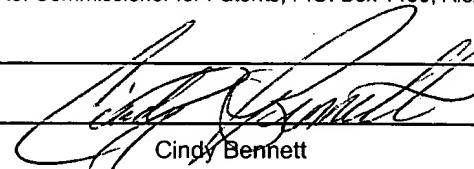
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Thomas D. Franklin		
Date	December 17, 2004	Reg. No.	43,616

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Cindy Bennett	Date	December 17, 2004



# FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180)

Complete if Known	
Application Number	09/645,645
Filing Date	August 24, 2000
First Named Inventor	Woods, Brian R.
Examiner Name	Barqadle, Yasin M.
Art Unit	2153
Attorney Docket No.	<b>017887-004900US</b>

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below		Fee Paid
Total Claims		Extra Claims		
Independent Claims			X	
Multiple Dependent			X	

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid

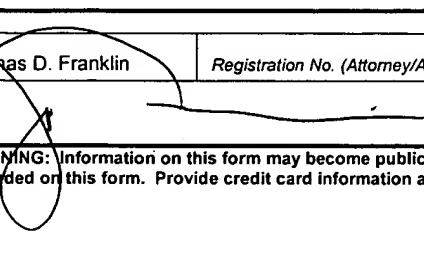
SUBTOTAL (3)

(\$ 180)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Thomas D. Franklin Registration No. (Attorney/Agent) 43,616 Telephone 303-571-4000

Signature  Date December 17, 2004

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